U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1 File Number U - J. S. J.	2 Fiscal Year Covered From	
, in the second	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name Sam H May	Name International Brotherhood of Boilermakers	
	Labor Organization File Number 000-074	
P O Box, Bldg , Room No , if any	PO Box, Building and Room Number, if any Suite 570	
Street 503 Westfield Place	Street 753 State Avenue	
City Jasper	City Kansas City	
State Tennessee ZiP Code + 4 37347	State Ransas ZIP Code +4 66101	
5 Position in labor organization International Vice President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name, if any)  7 a Nature of Interest, Transaction, or Income		
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
	7 b Amount	
Street		
City		
State Other ZIP Code + 4		
Signature		
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed DAM 18 Mg	On 8-10-05 (423) 942-0126  Date Telephone Number	
l / /	Date Telephone number	

Name of Person Filing Sam May	File Number	er U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)  Name Bollmaker Southeastern Area Joint App Comm  Trade Name, if any SAJAC  PO Box, Bldg, Room No, if any  Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code + 4 33573-6840	9 Business deals with    X   a Labor Organization   b Trust   c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name  Trade Name, if any  P O Box, Bldg , Room No , if any	Area Apprenticeship Traini	ing	
Street	11 b Approximate dollar value of such d	lealing \$3,500,000	
State ZIP Code + 4	March 1-3,2004 Quarterly 7 hotel, meals, etc Direct Expense Reimburseme Note Total includes cont- furnished by SAJAC	Trustee Meeting, airfare,	
	12 b Amount	\$642	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name Trade Name, if any		1777-000	
P O Box, Bldg , Room No , if any			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

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10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name  Trade Name, if any  P O Box, Bldg , Room No , if any	Area Apprenticeship Training		
Street	11 b Approximate dollar value of such dealing	\$3,500,000	
City	12 a Nature of interest held or income received		
State ZIP Code + 4	May 4-6, 2004 - Quarterly Trustee M Hotel, Meals, ETC Direct Expense Reimbursement Note: Total includes continental br furnished by BNAP		
	12 b Amount	\$954	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.		
parameter		}	
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
City			
State ZIP Code + 4		11	

Name of Person Filing Sam May	File Number U-		
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8 Name and address of Business (including trade name, if any)  Name Bollermaker Southeastern Area Joint App Comm  Trade Name, if any SAJAC  PO Box, Bldg, Room No, if any  Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code +4 33573-6840	9 Business deals with    X   a Labor Organization     b Trust     c Employer		
Name  Trade Name, if any  P O Box, Bldg , Room No , if any	11 a Nature of such dealing  Area Apprenticeship Training		
City  State  ZIP Code + 4	11 b Approximate doilar value of such dealing \$3,500,000  12 a Nature of interest held or income received  May 10-13,2004 - Quarterly Trustee Meeting, Airfare Hotel, Meals, ETC  Direct Expense Reimbursement  Note. Total includes continental breakfast furnished by SAJAC		
C. Perelyed from any employer (other than an employer covered under	12 b Amount \$1,649		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State  ZIP Code + 4	14 a Nature of payment		
13 b is the Business an Employer or Consultant?	14 b Amount of payment		

Name of Person Filing Sam May	File Number U-		
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8 Name and address of Business (including trade name, if any)  Name Bollermaker Southeastern Area Joint App Comm  Trade Name, if any SAJAC  PO Box, Bidg, Room No, if any  Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code +4 33573-6840	9 Business deals with    X   a Labor Organization   b Trust   c Employer		
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bldg , Room No , if any	11 a Nature of such dealing Area Apprenticeship Training		
City ZIP Code + 4	11 b Approximate dollar value of such dealing \$3,500,000  12 a Nature of interest held or income received  August 9-13, 2004 - Quarterly Trustee Meeting, Airfare, Hotel, Meals, ETC. Direct Expense Reimbursement  Note: Totals include continental breakfast and Reception/Banquet furnished by SAJAC		
	12 b Amount \$801		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street  City  State  ZIP Code + 4	14 a Nature of payment		
13 b is the Business an Employer or Consultant?	14 b Amount of payment		

t Name of Person Filing Sam May File Number U-B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Name Boilermaker Southeastern Area Joint App Comm a Labor Organization Trade Name, if any SAJAC b Trust PO Box, Bldg , Room No , if any c Employer Street 3715 Upper Creek Drive City ZIP Code + 4 33573-6840 Florida State 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Area Apprenticeship Training Name Trade Name, if any PO Box, Bldg , Room No , if any Street \$3,500,000 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received September 14-17, 2004 - Quarterly Trustee Meeting, ZIP Code + 4 State Airfare, Hotel, Meals, ETC Direct Expense Reimbursement Note. Total includes Reception/Banquet Furnished by BNAP 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any PO Box, Bldg, Room No, if any Street

14 b Amount of payment

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

Name of Person Filing Sam May	File Number U-		
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Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street	Area Apprenticeship Training		
City ZIP Code + 4	11 b Approximate dollar value of such dealing \$3,500,000  12 a Nature of interest held or income received.  September 30 - October 1, 2004 - Quarterly Trustee Meeting, Airfare, Hotel, Meals, ETC Direct Expense Reimbursement  Note: Totals include continental breakfast furnished by SAJAC		
	12 b Amount \$442		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State  ZIP Code + 4	14 a Nature of payment		
13 b is the Business an Employer or Consultant?	19 D Amount or payment		